

# Haryana Government Gazette Extraordinary

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#### HARYANA GOVERNMENT

MEDICAL EDUCATION AND RESEARCH DEPARTMENT

#### **Notification**

The 9th June, 2023

No. 16/9/2023-6HB-IV .—

Subject: - Policy regarding issuance of NOC for internship of Students pursuing Bachelor of Physiotherapy (BPT) course.

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| 1.   | AIMS AND OBJECTIVES:  The Department of Medical Education & Research with a vision to promote, assist and enhance the skills of Students pursuing Bachelor of Physiotherapy (BPT) course and also, enable students to get expertise and training in the relevant fields of clinical practice of Physiotherapy, hereby prescribes a six month Internship after completion of Bachelors in Physiotherapy course, and curriculum thereof. |                                   |   |          |  |  |  |
|------|--|-----------------------------------|---|----------|--|--|--|
| 2.   | Standard Guidelines for internship after BPT:  |                                   |   |          |  |  |  |
| 2.a) | The curriculum for completion of Six Month Internship shall be as under -  |                                   |   |          |  |  |  |
|      | Sr.<br>No.   | Assignment                        | Discipline  | Duration |  |  |  |
|      | i)   | Musculoskeletal<br>Physiotherapy  | OPD/Indoor Orthopedics/Burns/ Surgical amputations/Hand rehab./Sports injury/ wound & skin care.            | 8 weeks  |  |  |  |
|      | ii)  | Neuro<br>Physiotherapy            | OPD/Neurology/Neurosurgery/ Pediatrics/<br>EMG-NCV  | 6 weeks  |  |  |  |
|      | iii)   | Cardio-Pulmonary<br>Physiotherapy | OPD/ Medical/Surgical Intensive care  | 6 weeks  |  |  |  |
|      | iv)  | Community<br>Physiotherapy        | Women's health + Geriatric health at primary health center or community/ Industrial health/ fitness clinic. | 6 weeks  |  |  |  |

| 2.b)    | The above curriculum shall be mandatory for all the Physiotherapy Institutions located in the State of Haryana for the forthcoming session i.e. Intern batch, session 2023-24.  |  |  |  |  |
|---------|---|--|--|--|--|
| 2. c)   | Within two years from date of publication of this Notification, all physiotherapy institutions shall sign MOU with hospitals having the requisite departments as mandated under the policy.   |  |  |  |  |
|         | Institutes without the departments required to teach the above curriculum, the Department of Medical Education Research shall facilitate internship for such students in other Government/Government Aided/Private Medical Colleges in the State of Haryana as a hand holding measure to begin with.  |  |  |  |  |
| 2. d)   | The internship is also allowed in standalone hospitals (NABH certified with minimum 100 beds), provided they have the requisite Departments mandated under this policy. The candidate can also complete his/her internship in two or more hospitals (Maximum 03) subject to the condition that internship is carried out specifically as per the schedule notified. |  |  |  |  |
| 3.      | ISSUANCE OF NOC FOR INTERNSHIP  |  |  |  |  |
| 3.I     | Where both parent and receiving Physiotherapy Colleges are situated in the State of Haryana only or the candidate from any other state wants to complete his/her internship in the state of Haryana-  |  |  |  |  |
| 3.I.a)  | The candidate shall obtain NOC from the parent college and the recipient college/ Hospital (As per Annexure-A).   |  |  |  |  |
| 3.I.b)  | The NOC in the case of hospital shall be issued by the Medical Superintendent of the hospital where he/she wants to complete his internship and principal of the Institute in case the candidate wants to complete his/her internship in a Physiotherapy College.   |  |  |  |  |
| 3.I.c)  | The candidate will have to mandatorily complete internship as per the notified schedule and the departments as notified under this policy. The NOC issued by the recipient College/Hospital should clearly mention the availability of Departments as per the policy (proforma of NOC is annexed as Annexure-A).  |  |  |  |  |
| 3.I.d)  | The candidate can complete internship in two or more hospitals (maximum 03), however hospital should have a minimum of 100 beds.  |  |  |  |  |
| 3.I.e)  | Final NOC shall be issued by Director, Medical Education and Research Haryana, Panchkula cum President Haryana State council of Physiotherapy (through Registrar of the council) only after submission of the above mentioned documents in the prescribed format.   |  |  |  |  |
| 3.I.f)  | The head of the parent institution shall issue the Internship Completion Certificate (as per Annexure 'B') after verifying the completion of internship as per the notified schedule.   |  |  |  |  |
| 3.II    | Where both parent and receiving Physiotherapy Colleges are in different States/UT (parent college being in State of Haryana) and candidate wants to get transferred from State of Haryana to any other State.   |  |  |  |  |
| 3.II.a) | The candidate shall obtain NOC from the parent college and the Recipient College/ Hospital  |  |  |  |  |
| 3.II.b) | The candidate shall obtain NOC from the DMER/Affiliating University of the recipient college in case candidate wants to complete internship in a Institute located in any other State.  |  |  |  |  |
| 3.II.c) | The NOC in the case of hospital shall be issued by the Medical Superintendent of the hospital where he/she wants to complete his internship.  |  |  |  |  |
| 3.II.d) | The candidate will have to mandatorily complete internship as per the notified schedule and the departments as notified under this policy. The NOC issued by the recipient College/Hospital should clearly mention the availability of Departments as per the policy (proforma of NOC is attached) as Annexure-'A'.   |  |  |  |  |
| 3.II.e) | The candidate can complete internship in two or more hospitals (maximum 03), however hospital should have a minimum of 100 beds.  |  |  |  |  |
| 3.II.f) | NOC will be issued by Director, Medical Education and Research Haryana, Panchkula cum President Haryana State council of Physiotherapy (through Registrar of the council) only after submission of the above mentioned documents in the prescribed format.  |  |  |  |  |
| 3.II.g) | The head of the parent institution shall issue the Internship Completion Certificate (as per Annexure 'B') after verifying the completion of internship as per the notified schedule.   |  |  |  |  |

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| 4. | The institutes can take only 25% externs over and above the sanctioned intake for BPT students of that Academic Session.  |  |  |  |
|----|---|--|--|--|
| 5. | For hospitals, the intern to bed ratio shall be 1:5 per discipline.   |  |  |  |
| 6. | No stipend shall be payable to externs.   |  |  |  |
| 7. | Physiotherapy (Government and Private) colleges in the state of Haryana shall not charge any fee fro externs for doing Internship and the admission process shall be based on merit calculated by aggrega of marks in all four years of BPT Course. However, the externs shall have to pay the requisite for pertaining to Hostel/Mess etc. as applicable to be taken from interns of their own Institutes. |  |  |  |
| 8. | The provisions of this policy shall have effect notwithstanding anything inconsistent there with contained in any other Policy/Notification issued by any other Department of State of Haryana and the provisions contained in the policy supersede any other policy notified by any Department in this context.  |  |  |  |

DR. SUMITA MISRA, Additional Chief Secretary to Government of Haryana, Medical Education & Research Department.

Annexure-A

## NOC for INTERNSHIP for BPT Programme

| No   | Date  |
|--|---|
| Name of the College/Hospital   |   |
| It is hereby certified that this College/Hospital has the follow   | wing established Departments-                               |
| No. Department  1 Musculo-skeletal physiotherapy 2 Neuro-Physiotherapy 3 Cardio-pulmonary physiotherapy 4 Community Physiotherapy 5 Remarks (if any) |   |
| It is further certified that this College/Hospital h D/o   | this Institute. The Institute has the requisite vacancy/bed |
| Name and signature of  | Name and signature of                                       |
| HOD Physiotherapy Institute/ Incharge<br>Physiotherapy Unit  | Principal of College / MS of hospital                       |

Annexure-B

# $\frac{INTERNSHIP\ COMPLETION\ CERTIFICATE}{BPT\ Programme}$

| No.   |  | Date     |                           |         |  |  |
|-------|--|----------|---------------------------|---------|--|--|
|       | e of the College/Hospitaless of the College/Hospital |          |                           |         |  |  |
| This  | is to certify that Mr./Ms./Mrs                       | S/o, D/o | has successfully complete | ted the |  |  |
| Comp  | oulsary Rotational Internship from                   | to       |                           |         |  |  |
| Detai | ils of the posting are as follows:                   |          |                           |         |  |  |
| No.   | Department   | Period   | Grade                     |         |  |  |
| 1     | Musculo-skeletal physiotherapy                       | to       |                           |         |  |  |
| 2     | Neuro-Physiotherapy                                  | to       |                           |         |  |  |
| 3     | Cardio-pulmonary physiotherapy                       | to       |                           |         |  |  |
| 4     | Community Physiotherapy                              | to       |                           |         |  |  |
| 5     | Extension due to absentee/Unsatisfactory performance |          |                           |         |  |  |
|       | to at the Department                                 |          |                           |         |  |  |
| 6     | Any Project/Remarkable achievement                   |          |                           |         |  |  |
|       | , ,  |          |                           |         |  |  |
|       |  |          |                           |         |  |  |
|       |  |          |                           |         |  |  |

Name and signature of

Name and signature of

HOD Physiotherapy Institute/ Incharge Physiotherapy Unit Principal of College / MS of hospital

10422—C.S.—H.G.P., Pkl.